



**COURT REPORTERS BOARD OF CALIFORNIA**  
2535 Capitol Oaks Drive, Suite 230  
Sacramento, CA 95833  
Phone (916) 263-3660 / fax (916) 263-3664



## NAME CHANGE AFFIDAVIT

Please fill out the following information and **MAIL** to the above address. **One of the following items MUST be enclosed in order to process your request:**

- \_\_\_\_\_ Marriage Certificate (Copy only, please do not send original!)
- \_\_\_\_\_ Divorce Decree
- \_\_\_\_\_ Court Order
- \_\_\_\_\_ Other (please explain): \_\_\_\_\_

I, \_\_\_\_\_, certify under the penalty of perjury that the foregoing declaration is true and correct.

My former name was \_\_\_\_\_. I have changed my name for all purposes to: \_\_\_\_\_ and I did not so change my name for purposes of fraud.

PLEASE PRINT: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

CSR # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*\*\* PLEASE ENCLOSE APPROPRIATE DOCUMENTATION \*\*\*\*\***

**NOTE: YOUR POCKET LICENSE WILL NOT BE ISSUED WITHOUT THIS FORM AND THE APPROPRIATE DOCUMENTATION.**